

497 Contribution Report

Amounts may be rounded to whole dollars.

NAME OF FILER ELECT MIGUEL MADRID FOR CITY COUNCIL 2020		Date of This Filing _____	Date Stamp RECEIVED SEP 08 2020 City Clerk's Office City of Hemet	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER [REDACTED]	I.D. NUMBER (if applicable) [REDACTED]	Report No. _____	For Official Use Only	
STREET ADDRESS [REDACTED]		Amendment to Report No. _____ (explain below)		
CITY HEMET	STATE CA.	ZIP CODE 92545		
		No. of Pages _____		

1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
9/8/2020	SANDRA K. MALES - MADRID [REDACTED]	IND <input checked="" type="checkbox"/> COM OTH PTY SCC	RETIRED	\$1500.- Check if Loan <input checked="" type="checkbox"/> _____% Provide interest rate
		IND COM OTH PTY SCC		Check if Loan _____% Provide interest rate
		IND COM OTH PTY SCC		Check if Loan _____% Provide interest rate

Reason for Amendment: CONTRIBUTION RECEIVED

* Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee